

DOD: 30/9/24 at 2pm

11 Floor

Step Down

Medway JSP Hospitals
The way to better health
(A Unit of United Alliance Healthcare Pvt. Ltd.)

BILLING CARD

CASH

Patient Name Mrs. MANGAI
65 Female: MIIC202474988
29/09/2024/IPC2024002692
IP No. _____
Room No. _____
Dr. ARTHI

D.O.A. 29/9/24 Time 1:35 AMRent Per Day 3300/-**TRANSFER DETAILS**

Date	Time	From	To	Nurse's Signature
30/9/24	6am	Stepdown to	ward 59 (L)	G. B.

OPERATION THEATRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl : 2ml 10ml/Inj. Morphine	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
29/9/24	2am	29/9/24	2pm

INFUSION PUMP

Date	Start	Date	Disconnect

OXYGEN

Date	Start	Date	Disconnect
29/9/24	4:AM	29/9/24	4PM

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED**SCD PUMP****VENTILATOR (CPAP)**

Date	Start	Date	Disconnect	Date	Start	Date	Disconnect
				29/9/24	2am	29/9/24	4:AM

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OT Nurse :	Arthroscopy :
Name of Surgery :	Laproscopy : <i>NA</i>
	Sevoflurane / Isoflurane :
	Inj. Fentanyl :
	Others :

Date

LABORATORY

29/9/24 *RBC, urea, creatinin, electrolyts* */ 8118*

[illegible]